

AUG 26 2010

ZOLLINGER & BURLESON LTD.  
Post Office Box 2368  
North Canton, Ohio 44720Based on PTO/SB/21  
which is approved for use through 2012-07  
Doc Code: TRAN.LETTRANSMITTAL  
(post-filing)

Application No.	10/579,954	Art Unit	1796
Filing Date	May 22, 2006	Examiner Name	Boyle, R.C.
Total no. of pages submitted	9	First Named Inventor	Yan

Client ref. P03096US2A

Firm ref. BJ001donUSc

## ENCLOSURES

Where a number is included in parentheses below, it refers to the number of pages of each item.

<input checked="" type="checkbox"/> Amendment / Reply (8) <input type="checkbox"/> After final <input type="checkbox"/> Declaration(s) ( ) <input type="checkbox"/> Extension of Time ( ) <input type="checkbox"/> Express Abandonment Request ( ) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Letter ( ) <input type="checkbox"/> Form 1449 / equivalent ( ) <input type="checkbox"/> reference copies <input type="checkbox"/> Certified copy of priority document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Appl. ( ) <input type="checkbox"/> Reply to Missing Parts under Rule 52 or 53	<input type="checkbox"/> Drawing(s) ( ) <input type="checkbox"/> Licensing-related papers ( ) <input type="checkbox"/> Petition ( ) <input type="checkbox"/> Petition to convert to a prov'l appl. ( ) <input type="checkbox"/> Terminal disclaimer ( ) <input type="checkbox"/> Request for Refund ( ) <input type="checkbox"/> CD(s) <input type="checkbox"/> Landscape table <input type="checkbox"/> Fee Transmittal form <input type="checkbox"/> Credit card payment (form PTO-2038)	<input type="checkbox"/> After Allowance Communication to TC ( ) <input type="checkbox"/> Appeal Communication ( ) <input type="checkbox"/> to Board of Patent Appeals and Interferences <input type="checkbox"/> to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information ( ) <input type="checkbox"/> Status letter ( ) <input type="checkbox"/> Other enclosure(s)
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Where an Amendment is included, claim fees are computed as follows:

			Rate	Total
Extra claims	20 - HP* =	0	\$52.	\$0
Extra indep. claims	1 - HP* =	0	\$220.	\$0
Extra mult. dep. claims	0 - HP* =	0	\$390.	\$0

☐ Small entity status is or  
already has been claimed.

\* HP is the highest number for which payment previously was made

REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	Zollinger & Burleson Ltd.		
Signature	<i>David G. Burleson</i>	Date	August 26, 2010
Name	David G. Burleson	Registration No.	38,090

## CERTIFICATE OF MAILING OR TRANSMISSION

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Signature	<i>David G. Burleson</i>	Date	August 26, 2010
Name	David G. Burleson	Date	August 26, 2010

SEND TO: Commissioner for Patents  
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